

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2021

Version 2021.1b

Updated: 10-04-2021

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		Maximum Age Limit • 21 years – all agents except isotretinoins
	clindamycin gel (generic Cleocin-T) clindamycin lotion clindamycin solution	ACZONE (dapstone) AKNE-MYCIN (erythromycin) azelaic acid AMZEEQ FOAM (minocycline) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam clindamycin gel daily (generic Clindagel) dapstone ERY (erythromycin) ERYGEL (erythromycin) erythromycin gel, swabs, solution EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene AKLIEF (trifarotene) ALTRENO (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene)	

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		RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro	
		COMBINATION DRUGS/OTHERS	
	adapalene/benzoyl peroxide benzoyl peroxide/clindamycin (generic DUAC) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)	ACANYA (benzoyl peroxide/clindamycin) AKTIPAK (erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) EPIDUO FORTE (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur cleanser/cream/lotion/pads sodium sulfacetamide/sulfur/meratan SSS 10/5 Foam (sodium sulfacetamide/sulfur) sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
		KERATOLYTICS (BENZOYL PEROXIDES)	

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	benzoyl peroxide bar, cleanser, cream, gel, lotion, wash ^{Rx & OTC}	benzoyl peroxide foam ^{Rx & OTC} BP 5.5% (benzoyl peroxide) BPO (benzoyl peroxide) ^{Rx & OTC} INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) PANOXYL BAR 10% (benzoyl peroxide) ^{OTC} PANOXYL CREAM 3% (benzoyl peroxide) ^{OTC} OC8 GEL (benzoyl peroxide) ^{OTC}	
ISOTRETINOIN			
	ACUTANE (isotretinoin) AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) isotretinoin MYORISAN (isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) ABSORICA LD (isotretinoin)	Available for all ages
ALPHA-1 PROTEINASE INHIBITORS			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
ALZHEIMER'S AGENTS SmartPA			
CHOLINESTERASE INHIBITORS			
	donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg	All Agents • Documented diagnosis for both preferred and non-preferred Non-Preferred Criteria

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	rivastigmine patches	EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	<ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION (memantine) NAMENDA XR (memantine) memantine XR	
	COMBINATION AGENTS		Namzatic <ul style="list-style-type: none">Documented diagnosis AND30 days of concurrent therapy with donepezil + memantine in the past 6 months
		NAMZARIC (memantine/donepezil)	
ANALGESICS, OPIOID- SHORT ACTING			
	acetaminophen/codeine benzhydrocodone/APAP codeine dihydrocodeine/APAP/caffeine ENDOCET (oxycodone/APAP) hydrocodone/APAP hydromorphone morphine oxycodone capsules oxycodone liquid oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen	ABSTRAL (fentanyl) ACTIQ (fentanyl) APADAZ (benzhydrocodone/APAP) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DVORAH (dihydrocodeine/ APAP/caffeine) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine)	MS DOM Opioid Initiative <ul style="list-style-type: none">Short-Acting OpioidsLong-Acting OpioidsMorphine Equivalent Daily DoseConcomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit 18 years – tramadol and codeine products Quantity Limit Applicable <u>quantity limit</u> in 31 rolling days.

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<p>pentazocine/APAP tramadol tramadol/APAP</p>	<p>hydrocodone/ibuprofen IBUDONE (hydrocodone/ibuprofen) LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine solution meperidine tablet NALOCET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) oxymorphone pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) PROLATE (oxycodone/APAP) QDOLO (tramadol) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP)</p>	<ul style="list-style-type: none"> • 62 tablets – buprenorphine/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol • 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations • 124 tablets – buprenorphine/APAP 750 • 145 tablets – buprenorphine/APAP 650 • 186 tablets – buprenorphine/APAP 325, buprenorphine/ASA 325 • 5mL (2 x 2.5 bottles) – buprenorphine nasal • 180 mL CUMULATIVE – oxycodone liquids • 280 mL CUMULATIVE – Qdolo
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		VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, OPIOID - LONG ACTING SmartPA			
	BUTRANS (buprenorphine) fentanyl patches morphine ER tablets	ARYMO ER (morphine) BELBUCA (buprenorphine) buprenorphine patch CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER	<p>MS DOM Opioid Initiative</p> <ul style="list-style-type: none"> • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines <p>Criteria details found here</p> <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Xartemis XR, Zohydro ER, tramadol products <p>Quantity Limit</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER • 62 tablets/31 days – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana

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		ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)	ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND • 90 consecutive days on the requested agent in the past 105 days
ANALGESICS/ANESTHETICS (Topical)			
	diclofenac sodium 1% gel diclofenac sodium 1.5% solution VOLTAREN Gel (diclofenac sodium) SmartPA	capsaicin diclofenac epolamine patch SmartPA diclofenac sodium 3% gel FLECTOR Patch (diclofenac epolamine) SmartPA FROTEK (ketoprofen) LICART (diclofenac epolamine) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) SmartPA LIDTOPIC MAX (lidocaine) PENNSAID 2% Solution (diclofenac sodium) SmartPA	Non-Preferred Criteria • Have tried 1 preferred agent in the past 6 months Lidoderm • Documented diagnosis of Herpetic Neuralgia OR • Documented diagnosis of Diabetic Neuropathy ZTlido • Documented diagnosis of Herpetic Neuralgia

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		SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) VENNGEL ONE 1% kit (diclofenac sodium) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine)	
ANDROGENIC AGENTS SmartPA			
	ANDRODERM (testosterone patch) testosterone gel packets	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone) XYOSTED (testosterone enanthate)	All Agents <ul style="list-style-type: none"> Limited to male gender Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
ANGIOTENSIN MODULATORS SmartPA			
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril)	Minimum Age Limit <ul style="list-style-type: none"> ≤ 6 years – Epaned Smart PA will <u>automatically be issued for this age</u> Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR

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		UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<p>Non-Preferred Criteria ACE Inhibitor/CCB</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>ACE Inhibitor/Diuretic</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	irbesartan losartan olmesartan telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan MICARDIS (telmisartan) TEVETEN (eprosartan)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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ARB COMBINATIONS		
	ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)
Entresto <ul style="list-style-type: none"> • Age ≥ 18 years AND • Documented diagnosis of heart failure OR • Age ≥ 1 year AND • Documented diagnosis of heart failure with systemic ventricular systolic dysfunction 		
Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic <ul style="list-style-type: none"> • Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days 		
ARB/Diuretic <ul style="list-style-type: none"> • Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days 		
DIRECT RENIN INHIBITORS		
	TEKTURNA (aliskiren)	Non-Preferred Criteria

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			<ul style="list-style-type: none"> • Documented diagnosis of hypertension AND • Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTRNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	Non-Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis of hypertension AND • Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
ANTIBIOTICS (GI)			
	FIRVANQ (vancomycin) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	
ANTIBIOTICS (MISCELLANEOUS)			

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KETOLIDES		
		KETEK (telithromycin)
LINCOSAMIDE ANTIBIOTICS		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)
MACROLIDES		
	azithromycin clarithromycin ER clarithromycin IR clarithromycin suspension E.E.S. Suspension (erythromycin ethylsuccinate) ERY-TAB (erythromycin) erythromycin	BIAXIN (clarithromycin) BIAXIN SUSPENSION (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. FILM TAB (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin estolate erythromycin ethylsuccinate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)
NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)
OXAZOLIDINONES		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)

Sivextro – [MANUAL PA](#)
Zyvox - [MANUAL PA](#)

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			Quantity Limit • 6 tablets/month – Sivextro
	PLEUROMUTLINS		
		XENLETA (lefamulin)	
ANTIBIOTICS (Topical)			
	bacitracin ^{OTC} bacitracin/polymyxin ^{OTC} gentamicin sulfate mupirocin ointment neomycin/bacitracin/polymyxin ^{OTC}	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/ polymyxin/Hc) mupirocin cream NEOSPORIN (neomycin/bacitracin/polymyxin) ^{OTC} XEPI (ozenoxacin)	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) SOLOSEC (secnidazole) VANDAZOLE (metronidazole)	
ANTICOAGULANTS SmartPA			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	<u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG <ul style="list-style-type: none"> • 70 total days of therapy per calendar year • Documented diagnosis of hip replacement AND • Duration of therapy limited to 35 days

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			<p><u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none">• 70 total days of therapy per calendar year• Documented diagnosis of knee replacement AND• Duration of therapy limited to 12 days <p>Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE</p> <p>XARELTO 2.5MG</p> <ul style="list-style-type: none">• Documented diagnosis of coronary artery disease OR• Documented diagnosis of peripheral artery disease AND• History of therapy with aspirin in the past 30 days AND• History of 90 days therapy with anti-platelet agent in the past year OR• History of 30 days therapy with warfarin in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none">• Have tried 2 different preferred agents in the past 6 months OR• 1 claim with the requested agent in the past 90 days
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LOW MOLECULAR WEIGHT HEPARIN (LMWH)			
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p>LMWH – All Agents</p> <ul style="list-style-type: none"> LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Documented diagnosis of cancer OR Female and age 8 to 51 years OR NO LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Duration of therapy is ≤ 17 days OR Documented diagnosis of cancer OR Female age 8 to 51 years OR Total hip/knee replacement or hip fracture surgery in the past 6 months AND Duration of therapy ≤ 35 days <p>LMWH Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 different preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANTICONVULSANTS SmartPA			
ADJUVANTS			
	carbamazepine carbamazepine suspension carbamazepine ER DEPAKOTE ER (divalproex)	APTiom (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 1 year – Banzel, Epidiolex 2 years – Diacomit, Onfi, Sympazan

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DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) ELEPSIA XR (levetiracetam) EPIDIOLEX (cannabidiol) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate) ROWEEPPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND Documented diagnosis of seizure Banzel, Onfi, Sympazan <ul style="list-style-type: none"> Documented diagnosis of Lennox-Gastaut AND Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND Documented diagnosis of seizure Diacomit <ul style="list-style-type: none"> Documented diagnosis of Dravet syndrome AND Active claim for clobazam Epidiolex <ul style="list-style-type: none"> Documented diagnosis of Dravet syndrome or seizures associated with tuberous sclerosis complex OR Documented diagnosis of Lennox-Gastaut AND Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR
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		topiramate ER (generic Qudexy XR) ^{Step Edit} TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin XCOPRI (cenobamate)	<ul style="list-style-type: none"> 1 claim for the requested agent in the past 30 days <p>Fintepla</p> <ul style="list-style-type: none"> Requires clinical review <p>Sabril Powder for Oral Solution</p> <ul style="list-style-type: none"> Documented diagnosis of infantile spasms OR Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND Documented diagnosis of seizure <p>Topiramate ER – Step Edit</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days AND Documented diagnosis of seizure OR 30-day trial with topiramate IR in the past 6 months
SELECTED BENZODIAZEPINES			
	clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 12 years – Nayzilam 6 years – Valtoco <p>Quantity Limit</p> <ul style="list-style-type: none"> 2 Twin Packs/31 days – Diastat

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			<ul style="list-style-type: none"> • 2 Packages /31 days – Nayzilam • 2 Cartons/31 days - Valtoco
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine	Minimum Age Limit <ul style="list-style-type: none"> • 18 years - all drugs • 7-17 years – duloxetine (except Drizalma Sprinkle) <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i> • 7-11 years – Drizalma Sprinkle <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i> Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred 'Antidepressants, Other' Class in the past 6 months OR

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		PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<ul style="list-style-type: none"> Have tried BOTH a preferred <u>'Antidepressant, SSRI'</u> and <u>'Antidepressants, Other'</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta and Irenka (see Fibromyalgia Agents)</p>
ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram escitalopram fluoxetine capsules fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUSPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 6 years - Zoloft 7 years – Prozac 8 years - Luvox 12 years - Lexapro 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg <p>Citalopram Criteria</p> <ul style="list-style-type: none"> <18 years and 90 consecutive days on citalopram in the past 105 days OR < 60 years AND max daily dose ≤ 40 mg/day OR ≥ 60 years AND max daily dose ≤ 20 mg/day <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR

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			<ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron) ZUPLENZ (ondansetron)	<p>Quantity Limit</p> <ul style="list-style-type: none"> 4 tablets/28 days - Varubi 6 tablets/31 days – Akynzeo 30 tablets/31 days – Zofran tablets/ODT 100 ml/31 days – Zofran solution <p>Non-Preferred Agents</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>
	ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine	Akynzeo - MANUAL PA
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
	NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	Varubi - MANUAL PA

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ANTIFUNGALS (Oral) SmartPA

clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ BREXAFEMME (ibrexafungerp) ^{NR} CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4-12 years – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i> • 12-17 years – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>HIV opportunistic infection</p> <ul style="list-style-type: none"> • Non-Preferred agent indicated for treatment (^) AND • Documented diagnosis of HIV <p>Cresemba - <u>MANUAL PA</u></p> <ul style="list-style-type: none"> • Minimum age limit > 18 years AND • Documented diagnosis of invasive aspergillosis OR invasive mucormycosis AND • Prescriber is an oncologist/hematologist or infectious disease specialist <p>Sporanox</p> <ul style="list-style-type: none"> • HIV opportunistic infection criteria OR • Documented diagnosis of a transplant OR • History of an immunosuppressant in the past 6 months OR
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			<ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical) SmartPA			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole cream/solution ^{Rx & OTC} ketoconazole shampoo LUZU (luliconazole) miconazole cream/powder ^{OTC} nystatin terbinafine cream/spray ^{OTC} tolnaftate cream/powder/spray ^{OTC}	BENSAL HP (benzoic acid/salicylic acid) butenafine CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) luliconazole MENTAX (butenafine) naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)
ANTIFUNGALS (VAGINAL)		
	clotrimazole vaginal cream ^{OTC} miconazole 1, 7cream ^{OTC} TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository ^{OTC} TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole
ANTIHIISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small>		
MINIMALLY SEDATING ANTIHIISTAMINES		
	cetirizine tablets ^{OTC} cetirizine syrup ^{Rx & OTC} loratadine odt ^{OTC} loratadine syrup ^{OTC} loratadine tablet ^{OTC}	cetirizine chewable ^{OTC} CLARINEX (desloratadine) desloratadine ODT desloratadine tablet fexofenadine syrup fexofenadine table levocetirizine syrup levocetirizine tablet XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)
MINIMALLY SEDATING ANTIHIISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)

Non-Preferred Criteria

- Documented diagnosis of allergy or urticaria **AND**
- Have tried 2 different preferred agents in the past 12 months

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ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR			
ORAL			
	NURTEC ODT (rimegepant)	UBRELVY (ubrogepant)	<p>Minimum Age Limit</p> <ul style="list-style-type: none">• 18 years – Nurtec ODT, Ubrelyvy <p>Quantity Limit</p> <ul style="list-style-type: none">• 8 tablets/31 day – Nurtec ODT• 16 tablets/31 day – Ubrelyvy <p>Nurtec ODT</p> <ul style="list-style-type: none">• Documented diagnosis of migraine AND• Have tried 2 different triptans in the past 6 months AND• No concurrent therapy with another CGRP agent <p>Ubrelyvy</p> <ul style="list-style-type: none">• Documented diagnosis of migraine AND• Have tried 2 different triptans in the past 6 months AND• Have tried preferred Nurtec ODT in the past 6 months AND• No concurrent therapy with another CGRP agent AND• No concurrent therapy with a strong CYP3A4 inhibitor

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INJECTIBLES			
	AIMOVIG AUTOINJECTOR (erenumab-aooe) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm)	EMGALITY PEN (galcanezumab-gnlm) EMGALITY SYRINGE (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr)	Aimovig - MANUAL PA Ajovy - MANUAL PA Emgality - MANUAL PA Vyepti - MANUAL PA
ANTIMIGRAINE AGENTS, TRIPTANS & RELATED AGENTS ^{SmartPA}			
ORAL			
	naratriptan rizatriptan rizatriptan ODT sumatriptan tablets zolmitriptan zolmitriptan ODT	almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT (rizatriptan) RELPAX (eletriptan) REYVOW (lasmiditan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	Minimum Age Limit – ALL FORMULATIONS • 6 years – Maxalt • 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i> • 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Reyvow, Tosymra, Zembrace Symtouch, Zomig tablets Quantity Limit - ORAL • 4 tablets/31 days – Reyvow 50 mg • 6 tablets/31 days - Axert, Relpax Zomig • 8 tablets/31 days – Reyvow 100 mg • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt Non-Preferred Criteria - ORAL • Have tried 2 preferred preferred oral agents in the past 90 days

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			Reyvow <ul style="list-style-type: none"> Documented diagnosis of migraine AND Have tried 2 different triptans in the past 90 days AND Have tried preferred Nurtec ODT in the past 90 days AND
	NASAL		
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) zolmitriptan ZOMIG (zolmitriptan)	Quantity Limit - NASAL <ul style="list-style-type: none"> 1 box/31 days Non-Preferred Criteria - NASAL <ul style="list-style-type: none"> Have tried 2 preferred oral agents in the past 90 days AND Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
	INJECTABLES		
	sumatriptan	IMITREX (sumatriptan) ZEMBRACE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days
*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib) ICLUSIG (ponatinib) imatinib mesylate IMBRUVICA (ibrutinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) AYWAKIT (avapritinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) COPIKTRA (duvelisib)	Farydak - MANUAL PA <ul style="list-style-type: none"> Documented diagnosis of multiple myeloma AND Used in combination with bortezomib and dexamethasone per PI AND

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INLYTA (axitinib)
IRESSA (gefitinib)
JAKAFI (ruxolitinib)
MEKINIST (trametinib dimethyl sulfoxide)
NEXAVAR (sorafenib)
ROZLYTREK (entrectinib)
SPRYCEL (dasatinib)
STIVARGA (regorafenib)
SUTENT (sunitinib)
TAFINLAR (dabrafenib)
TARCEVA (erlotinib)
TASIGNA (nilotinib)
TURALIO (pexidartinib)
TYKERB (lapatinib ditosylate)
vandetanib
VOTRIENT (pazopanib)
XALKORI (crizotinib)
XTANDI (enzalutamide)
ZELBORAF (vemurafenib)
ZYDELIG (idelalisib)
ZYKADIA (ceritinib)

DAURISMO (glasdegib)
ERIVEDGE (vismodegib)
ERLEADA (apalutamide)
erlotinib
everolimus
FARYDAK (panobinostat)
FOTIVDA (tivozanib)
GAVRETO (pralsetinib)
GLEEVEC (imatinib mesylate)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) **SmartPA**
IDHIFA (enasidenib)
INQOVI (cedazuridine/decitabine)
INREBIC (fedratinib)
KISQALI (ribociclib)
KOSELUGO (selumetinib)
lapatinib ditosylate
LENVIMA (lenvatinib) **SmartPA**
LORBRENA (lorlatinib)
LUMAKRAS (sotorasib)^{NR}
LYNPARZA (olaparib) **SmartPA**
MEKTOVI (binimetnib)
NERLYNX (neratinib maleate)
NUBEQA (darolutamide)
ODOMZO (sonidegib)
ONUREG (azacitidine)
ORGOVYX (relugolix)
PEMAZYRE (pemigatinib)
PIQRAY (alpelisib)
QINLOCK (ripretinib)
RETEVMO (selpercatinib)
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TABRECTA (capmatinib)
TAGRISSO (osimertinib)

- History of 2 prior regimens including bortezomib and an immunomodulatory agent

Ibrance

- Documented diagnosis of WD-DDLS for retroperitoneal sarcoma **OR**
- All other indications evaluated through clinical review

Lenvima

- Documented diagnosis of thyroid cancer **OR**
- Documented diagnosis of hepatocellular carcinoma **OR**
- Documented diagnosis of renal cell carcinoma **AND**
- History of 1 claim for everolimus in the past 30 days **AND**
- History of 1 anti-angiogenic agent in the past 2 years **OR**
- All other indications evaluated through clinical review

Lynparza Capsules - MANUAL PA

Lynparza Tablets

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		TALZENNA (talazoparib) TAZVERIK (tazemetostat) TEPMETKO (tepotinib) TIBSOVO (ivosidenib) TRUSELTIQ (infigratinib) ^{NR} TUKYSA (tucatinib) UKONIQ (umbralisib) VERZENIO (abemaciclib) VITRAKVI (larotrectinib) VIZIMPRO (dacomitinib) XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)	<ul style="list-style-type: none"> Documented diagnosis of ovarian cancer, fallopian tube or peritoneal cancer AND History of platinum-based chemotherapy in the past 2 years OR All other indications evaluated through clinical review
ANTIPARASITICS (Topical) SmartPA			
	PEDICULICIDES		
	permethrin 1% ^{OTC} NATROBA (spinosad)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) spinosad VANALICE (piperonyl butoxide/pyrethrins)	Minimum Age/Weight Limit for Pediculicides <ul style="list-style-type: none"> 50 kg - lindane shampoo 2 months – permethrin 1%(OTC) 6 months – Natroba, Sklice 2 years – piperonyl/pyrethrins (OTC) 6 years – Ovide Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 preferred topical lice agents in the past 90 days
	SCABICIDES		
	permethrin 5%	ELIMITE (permethrin)	Minimum Age/Weight Limit for Topical Scabicides

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	ivermectin	EURAX CREAM (crotamiton) EURAX LOTION (crotamiton) STROMEKTOL Tablet (ivermectin)	<ul style="list-style-type: none">• 50 kg - lindane lotion• 2 months – permethrin 5%• 4 years - Natroba• 18 years – Eurax <p>Non-Preferred Criteria</p> <ul style="list-style-type: none">• History of permethrin 5% in the past 90 days
ANTIPARKINSON’S AGENTS (Oral) SmartPA			
	ANTICHOLINERGICS		<p>Non-Preferred Criteria</p> <ul style="list-style-type: none">• Documented diagnosis of Parkinson’s disease AND• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days
	benztropine trihexyphenidyl	COGENTIN (benztropine)	
	COMT INHIBITORS		
	entacapone	COMTAN (entacapone) ONGENTYS (opicapone) TASMAR (tolcapone) tolcapone	
	DOPAMINE AGONISTS		
	ropinirole	KYNMOBI FILM (apomorphine) MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole)	

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		REQUIP XL (ropinirole) ropinirole ER	
		MAO-B INHIBITORS	
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a preferred carbidopa/levodopa combination product in the past 30 days AND History of selegiline product in the past 45 days
		OTHERS	
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) NOURIANZ (istradefylline) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn and Inbrija <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a carbidopa/levodopa combination product in the past 45 days Nourianz <ul style="list-style-type: none"> Documented diagnosis of Parkinson's Disease AND History of a preferred carbidopa/levodopa combination product in the past 30 days AND History of 30 days therapy with a preferred adjunctive therapy in the past 45 days
ANTIPSYCHOTICS SmartPA			

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ORAL			
amitriptyline/perphenazine	ABILIFY (aripiprazole)		<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Droperidol • 3 years – Haldol • 5 years – Risperdal, thioridazine • 6 years – Abilify, trifluoperazine • 10 years – Latuda, Saphris, Seroquel, Symbyax • 12 years – Invega, Molidone, perphenazine, pimozole, thiothixene • 13 years – Zyprexa • 18 years – Abilify Mycite, Amitriptyline/perphenazine, Caplyta, Clozaril, Fanapt, fluphenazine, Geodon, loxapine, Nuplazid, Rexulti, Secuado, Vraylar, <p>Concurrent Therapy Limit – Ages 0-17 years</p> <ul style="list-style-type: none"> • 90 days with >2 antipsychotics in the last 120 days will require a Manual PA <p>Non-Preferred Criteria- Atypical Agents</p> <ul style="list-style-type: none"> • Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR • 30 consecutive days on the requested atypical agent in the past 180 days
aripiprazole	ABILIFY MYCITE (aripiprazole)		
clozapine	ADASUVE (loxapine)		
fluphenazine	aripiprazole solution		
haloperidol	aripiprazole ODT		
olanzapine	asenapine		
olanzapine ODT	CAPLYTA (lumateperone)		
perphenazine	chlorpromazine		
quetiapine	clozapine ODT		
quetiapine XR	CLOZARIL (clozapine)		
risperidone	FANAPT (iloperidone)		
risperidone ODT	FAZACLO (clozapine)		
SAPHRIS (asenapine)	GEODON (ziprasidone)		
thioridazine	HALDOL (haloperidol)		
thiothixene	INVEGA ER (paliperidone)		
trifluoperazine	LATUDA (lurasidone)		
ziprasidone	NUPLAZID (pimavanserin)		
	olanzapine/fluoxetine		
	paliperidone ER		
	REXULTI (brexpiprazole)		
	RISPERDAL (risperidone)		
	SEROQUEL (quetiapine)		
	SEROQUEL XR (quetiapine)		
	SYMBYAX (olanzapine/fluoxetine)		
	VERSACLOZ (clonazepam)		
	VRAYLAR (cariprazine)		
	ZYPREXA (olanzapine)		

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			Nuplazid <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease
	INJECTABLE, ATYPICALS <small>SmartPA</small>		
	ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Minimum Age Limit <ul style="list-style-type: none"> 18 years – all injectable agents Quantity Limit <ul style="list-style-type: none"> 3 syringes/year – Aristada Initio Long-Acting Injectable Agents All Agents <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder Abilify Maintena or Risperdal Consta <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder OR Documented diagnosis of bipolar disorder
	TRANSDERMAL, ATYPICALS		
		SECUADO (asenapine)	

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ANTIRETROVIRALS SmartPA

SINGLE PRODUCT REGIMENS	
BIKTARVY (bictegravir/emtricitabine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir labeler GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) CABENUVA (cabotegravir/rilpivirine) COMPLERA (emtricitabine/rilpivirine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/lamivudine/tenofovir efavirenz/lamivudine/tenofovir lo JULUCA (dolutegravir/rilpivirine) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)
INTEGRASE STRAND TRANSFER INHIBITORS	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate EMTRIVA (emtricitabine) EMTRIVA SOLUTION (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule emtricitabine EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN Tablet (abacavir sulfate)

Stribild – [MANUAL PA](#)

- Genotype testing supporting resistance to other regimens **OR**
- Intolerance or contraindication to preferred combination of drugs **AND**
- Medical reasoning beyond convenience or enhanced compliance over preferred agents **AND**
- CrCl > 70mL/min to initiate therapy **OR** CrCl >50mL/min to continue therapy

Non-Preferred Criteria

- 1 claim with the requested agent in the past 105 days

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NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) efavirenz	INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) SUSTIVA (efavirenz) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)		
	atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR SOLUTION (ritonavir) ritonavir	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) NORVIR POWDER (ritonavir) NORVIR TABLET (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)
ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)

Tybost - [MANUAL PA](#)

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COMBINATION PRODUCTS - NRTIs	
abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine CABENUVA (cabotegravir/rilpivirine) COMBIVIR (lamivudine/zidovudine) DOVATO (dolutegravir/lamivudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs	
DESCOVY (emtricitabine/tenofovir alafenam) emtricitabine/tenofovir	TRUVADA (emtricitabine/tenofovir)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs	
CIMDUO (lamivudine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) TEMIXYS (lamivudine/tenofovir)
COMBINATION PRODUCTS – PROTEASE INHIBITORS	
KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir
CD4 DIRECTED ATTACHMENT INHIBITOR	
	RUKOBIA (fostemsavir tromethamine ER)
CD4 DIRECTED HIV-1 INHIBITOR	

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		TROGARZO (ibalizumab)	
ANTIVIRALS (Oral)			
	ANTI-CYTOMEGALOVIRUS AGENTS		
	valganciclovir tablets	PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution	<p>valganciclovir solution – automatic approval for age <12 years</p> <p>Prevymis Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease</p> <ul style="list-style-type: none"> • 18 years or older AND • Post hematopoietic stem cell transplant (HSCT) within the past 28 days AND • CMV sero-positive recipient [R+] AND • NO severe (Child-Pugh Class C) hepatic impairment
	ANTI-HERPETIC AGENTS		
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTrex (valacyclovir) ZOVIRAX (acyclovir)	
	ANTI-INFLUENZA AGENTS		
	oseltamivir	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir)	

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		rimantadine TAMIFLU (oseltamivir) XOFLUZA (baloxavir marboxil)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENA VIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole exemestane letrozole	ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	pimecrolimus labeler 68682 tacrolimus	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% <p>Eucrisa</p> <ul style="list-style-type: none"> • History of 28 days of therapy with a calcineurin inhibitor AND • History of 28 days of therapy with a topical steroid in the past year OR • MANUAL PA <p>Dupixent – Evaluated through Manual PA according to diagnosis</p> <p>Asthma – MANUAL PA</p> <p>Atopic Dermatitis – MANUAL PA</p>

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			Nasal Polyposis – MANUAL PA
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small>			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <small>Step Edit</small> metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLES (metoprolol) KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	Bystolic <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	BETA- AND ALPHA-BLOCKERS		
	carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	Coreg CR <ul style="list-style-type: none"> Documented diagnosis for hypertension AND

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			<ul style="list-style-type: none"> Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	BETA BLOCKER/DIURETIC COMBINATIONS		
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
	ANTIANGINALS		
		RANEXA (ranolazine) ranolazine	Ranexa <ul style="list-style-type: none"> Documented diagnosis of angina AND 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR 90 consecutive days on the requested agent in the past 105 days
	SINUS NODE AGENTS		
		CORLANOR (ivabradine)	Corlanor - MANUAL PA
BILE SALTS			

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	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin ER oxybutynin IR solifenacin	darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) GEMTESA (vibegron) MYRBETRIQ ER (mirabegron) MYRBETRIQ granules (mirabegron) ^{NR} OXYTROL (oxybutynin) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin) VESICARE LS Suspension (solifenacin) ^{NR}	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
BISPHOSPHONATES			
	alendronate ibandronate risedronate	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate solution ATELVIA (risedronate)	Non-Preferred Criteria • Documented diagnosis for osteoporosis or osteopenia AND • Have tried 2 different preferred agents in the past 6 months

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		BINOSTO (alendronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate DR Tablet	
	OTHERS		
		calcitonin salmon EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
BPH AGENTS SmartPA			
	ALPHA BLOCKERS		
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	<p>Female</p> <ul style="list-style-type: none"> Cardura, Flomax, Proscar, terazosin, or Uroxatral AND Documented diagnosis based on a State accepted diagnosis <p>Non-Preferred Criteria - MALE</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	finasteride	AVODART (dutasteride) dutasteride PROSCAR (finasteride)
PDE5 INHIBITORS		
		CIALIS (tadalafil)
BRONCHODILATORS & COPD AGENTS		
ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) <small>SmartPA</small> TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium ANORO ELLIPTA (umeclidinium/vilanterol) BEVESPI (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium) <small>SmartPA</small> UTIBRON (indacaterol/glycopyrrolate)	DUAKLIR PRESSAIR (aclidinium/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol)
ANTICHOLINERGIC-BETA AGONIST-GLUCOCORTICOID COMBINATIONS		
		BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol)

Minimum Age Limit
6 years – Spiriva Respimat

Spiriva Respimat

- Automatic approval for ≥ 6 years with a diagnosis of asthma

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BRONCHODILATORS, BETA AGONIST

INHALERS, SHORT-ACTING			
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) VENTOLIN HFA (albuterol)	albuterol HFA levalbuterol HFA PROAIR DIGIHALER (albuterol) PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol) SmartPA	Minimum Age Limit • 4 years - Xopenex HFA Xopenex HFA • 1 claim for a preferred albuterol inhaler in the past 30 days ProAir Digihaler • Requires clinical review
INHALERS, LONG ACTING SmartPA			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	Minimum Age Limit • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat Arcapta & Striverdi Respimat • Documented diagnosis of COPD AND • Have tried 1 preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
INHALATION SOLUTION SmartPA			
	albuterol	BROVANA (arformoterol) formoterol	Minimum Age Limit • 6 years – Xopenex

43

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		levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<ul style="list-style-type: none"> • 18 years – Brovana, Performist <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim for a different preferred agent in the past 6 months OR • 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> • 1 claim for a preferred albuterol in the past 30 days
	ORAL		
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS SmartPA			
	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	<p>Quantity Limit - nimodipine</p> <ul style="list-style-type: none"> • 252 tablets/ 21 days • 2520 mL/21 days <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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			nimodipine <ul style="list-style-type: none"> Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND Duration of therapy limited to 21 days
	LONG-ACTING		
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR KATERZIA (amlodipine) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	Non-Preferred Agents - <u>MANUAL PA</u>

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	NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOCAL HN		
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
	CEPHALOSPORINS – First Generation SmartPA		Non-Preferred Criteria – all generations <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months
	cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	
	CEPHALOSPORINS – Second Generation SmartPA		
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	Maximum Age Limit <ul style="list-style-type: none">18 years – cefdinir suspension
	CEPHALOSPORINS – Third Generation SmartPA		
	cefdinir suspension cefdinir capsules	CEDAX (ceftibuten) cefditoren	

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	cefpodoxime	ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	
COLONY STIMULATING FACTORS			
	GRANIX (tbo-filgrastim) NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) NYVEPRIA (pegfilgrastim-apgf) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim) ZIENTENZO (pegfilgrastim-bmez)	
CYSTIC FIBROSIS AGENTS SmartPA			
	BETHKIS (tobramycin) KITABIS (tobramycin) tobramycin (generic TOBI)	BRONCHITOL (mannitol) CAYSTON (aztreonam) colistmethate COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Bethkis) tobramycin (generic Kitabis) TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)	Minimum Age Limit <ul style="list-style-type: none"> • 3 months – Pulmozyme • 4 months – Kalydeco Granules • 2 years – Coly-Mycin M, Orkambi Granules • 6 years – Bethkis, Kalydeco tablet, Kitabis, Orkambi 100/125mg tablet, Symdeko, TOBI, TOBI Podhaler, Trikafta • 7 years – Cayston • 12 years – Orkambi 200/125mg tablet • 18 years - Bronchitol Maximum Age Limit <ul style="list-style-type: none"> • 5 years – Kalydeco and Orkambi Granules

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			<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis Cystic Fibrosis <p>Colistimethate</p> <ul style="list-style-type: none"> Documented diagnosis of Cystic Fibrosis OR Requires clinical review <p>Kalydeco – MANUAL PA Orkambi – MANUAL PA Symdeko – MANUAL PA Trikafta – MANUAL PA</p> <p>TOBI Podhaler</p> <ul style="list-style-type: none"> Requires clinical review
CYTOKINE & CAM ANTAGONISTS			
ENBREL (etanercept) HUMIRA (adalimumab) methotrexate TALTZ (ixekizumab) XELJANZ IR (tofacitinib)	ACTEMRA (tocilizumab) ARCALYST (rilonacept) AVSOLA (infliximab) CIMZIA (certolizumab) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept)		<p>Enbrel</p> <ul style="list-style-type: none"> Age \geq 2 years AND Documented diagnosis of juvenile idiopathic arthritis OR Age limit \geq 4 years AND Documented diagnosis of plaque psoriasis OR Age limit > 18 years AND Documented diagnosis of ankylosing spondylitis, plaque psoriasis, psoriatic arthritis or rheumatoid arthritis

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OTEZLA (apremilast)
OTREXUP (methotrexate)
RASUVO (methotrexate)
REMICADE (infliximab)
RENFLEXIS (infliximab-abda)
RHEUMATREX (methotrexate)
RINVOQ (upadacitinib)
SILIQ (brodalumab)
SIMPONI (golimumab)
SKYRIZI (risankizumab)
STELARA (ustekinumab)
TREMFA (guselkumab)
TRESALL (methotrexate)
XELJANZ Oral Solution (tofacitinib)
XELJANZ XR (tofacitinib)

Humira

- Age \geq 2 years **AND**
- Documented diagnosis of juvenile idiopathic arthritis **OR**
- Age \geq 5 years **AND**
- Documented diagnosis of ulcerative colitis **OR**
- Age \geq 6 years **AND**
- Documented diagnosis of Crohn's disease **OR**
- Age \geq 12 years **AND**
- Documented diagnosis of hidradenitis suppurativa **OR**
- Age \geq 18 years **AND**
- Documented diagnosis of ankylosing spondylitis, Crohn's disease, hidradenitis suppurativa, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis, or uveitis

Taltz

- Age \geq 6 years **AND**
- Documented diagnosis of plaque psoriasis **OR**
- Age \geq 18 years **AND**
- Documented diagnosis of active non-radiographic axial spondyloarthritis, ankylosing spondylitis, plaque psoriasis, or psoriatic arthritis

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		<p>Xeljanz</p> <ul style="list-style-type: none"> • Age \geq 18 years AND • Documented diagnosis of rheumatoid arthritis or ulcerative colitis OR • Trial and failure of two preferred agents for a documented diagnosis of psoriatic arthritis <p>Cosentyx</p> <ul style="list-style-type: none"> • Age \geq 6 years AND • Documented diagnosis of plaque psoriasis AND • Have tried 90 days therapy with both Enbrel and Taltz OR • Age \geq 18 years AND • Documented diagnosis of ankylosing spondylitis, plaque psoriasis, or psoriatic arthritis AND • Have tried 90 days therapy with both Humira and Taltz OR • All other indications evaluated through clinical review <p>All other Non-Preferred Agents</p> <ul style="list-style-type: none"> • Require clinical review <p>IV Administered Agents</p> <ul style="list-style-type: none"> • Require clinical review
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ERYTHROPOIESIS STIMULATING PROTEINS SmartPA

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EPOGEN (rHuEPO)
MIRCERA (methoxy polyethylene glycol-epoetin-beta)
RETACRIT (rHuEPO)

ARANESP (darbepoetin)
PROCRT (rHuEPO)

Mircera

- Documented diagnosis chronic renal failure in the past 2 years

Non-Preferred Criteria

- Documented diagnosis of cancer or chronic renal failure **OR** Antineoplastic therapy in the past 6 months **AND**
- Trial of a preferred Retacrit or Epogen in the past 6 months **OR**
- 1 claim for the requested agent in the past 105 days

FACTOR DEFICIENCY PRODUCTS

FACTOR VIII

ADVATE
AFSTYLA
ALPHANATE
FEIBA NF
HEMOFIL M
HUMATE-P
KOATE
KOGENATE FS
NOVOEIGHT
NUWIQ
RECOMBINATE
WILATE
XYNTHA
XYNTHA SOLOFUSE

ADYNOVATE
ELOCTATE
ESPEROCT
HEXILATE FS
JIVI
KCENTRA
KOVALTRY
OBIZUR
VONVENDI

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		FACTOR IX		Hemlibra <ul style="list-style-type: none">• 1 claim with the requested agent in the past 105 days• MANUAL PA – new patients
		ALPHANINE SD ALPROLIX BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS	IDELVION REBINYN	
		OTHER FACTOR PRODUCTS		
		COAGADEX FIBRYGA RIASTAP	CORIFACT HEMLIBRA SmartPA NOVOSEVEN RT SEVENFACT TRETEN	
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS				
	duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) SmartPA LYRICA (pregabalin) LYRICA CR (pregabalin) NEURONTIN (gabapentin) pregabalin ER	Cymbalta and Irenka (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) for preferred duloxetine	
FLUOROQUINOLONES (Oral) SmartPA				

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	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delaflozacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> 1 claim for a preferred agent in past 30 days <p>Cipro Suspension for age < 12 years</p> <ul style="list-style-type: none"> Anthrax infection or exposure OR Cystic Fibrosis OR Pneumonic plague OR tularemia AND history of doxycycline in the past 3 months OR 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <p>Levaquin solution for age < 12 years</p> <ul style="list-style-type: none"> Anthrax infection or exposure OR 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide AND Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME (imiglucerase) miglustat	

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	VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS		
CONDYLOX (podofilox) <small>Age Edit</small> imiquimod <small>Age Edit</small> podofilox <small>Age Edit</small>	ALDARA (imiquimod) <small>Age Edit</small> CARAC (fluorouracil) diclofenac 3% gel EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <small>Age Edit</small> SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) <small>Age Edit</small> ZYCLARA (imiquimod) <small>Age Edit</small>	Minimum Age Limit • 12 years – Aldara • 18 years – Condylox, Picato, Veregen
GLUCOCORTICOIDS (Inhaled) <small>SmartPA</small>		
GLUCOCORTICOIDS		
ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate)	ALVESCO (ciclesonide) ARMONAIR Digihaler (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules	Non-Preferred Criteria • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred agent in the past 6 months ArmonAir Digihaler • Requires clinical review <i>NOTE:</i> Institutional sized products are Non-Preferred
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		

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	ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol (generic AIRDUO) SYMBICORT (budesonide/formoterol)	AIRDUO Digihaler (fluticasone/salmeterol) AIRDUO Respiclick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol fluticasone/salmeterol (generic ADVAIR) WIXELA INHUB (fluticasone/salmeterol)	Non-Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 2 different preferred agents in the past 6 months AirDuo Digihaler <ul style="list-style-type: none"> Requires clinical review
GI ULCER THERAPIES			
	H2 RECEPTOR ANTAGONISTS		Prilosec suspension <ul style="list-style-type: none"> Automatic approval for 0 - 2 years
	cimetidine solution famotidine solution famotidine tablets nizatidine solution	AXID (nizatidine) cimetidine tablets nizatidine tablets PEPCID (famotidine)	
	PROTON PUMP INHIBITORS		
	esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole)	

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2021

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		rabeprazole	
	OTHER		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	<p>All Agents for Age ≥ 18 years</p> <ul style="list-style-type: none"> Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable adult diagnosis OR Documented procedure of cranial irradiation <p>All Agents for Age < 18 years</p> <ul style="list-style-type: none"> Documented diagnosis of idiopathic short stature AND Documented approvable pediatric diagnosis OR Documented approvable pediatric diagnosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months OR 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			

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	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin) TALICIA (omeprazole, amoxicillin, rifabutin)	Quantity Limit • 1 treatment course/year
HEPATITIS B TREATMENTS			
	entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV tenofovir disoproxil fumarate	adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate) VIREAD (tenofovir disoproxil fumarate)	
HEPATITIS C TREATMENTS			
	MAVYRET (glecaprevir/pibrentasvir) ∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets sofosbuvir/velpatasvir∞	COPEGUS (ribavirin) DAKLINZA (daclatasvir) ∞ EPCLUSA (sofosbuvir/velpatasvir) ∞ HARVONI (ledipasvir/sofosbuvir) ∞ ledipasvir/sofosbuvir∞ MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) ∞	Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier • Require clinical review <u>Note:</u> Harvoni and Sovaldi have FDA pediatric indications

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		ZEPATIER (elbasvir/grazoprevir) ∞	
HEREDITARY ANGIOEDEMA			
		BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) ORLADEYO (berotralstat hydrochloride) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
HYPERURICEMIA & GOUT <small>SmartPA</small>			
	allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) febuxostat LOPERBA (colchicine) MITIGARE (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMIA TREATMENT, GLUCAGON			
	BAQSIMI (glucagon) <small>Step Edit</small> glucagen vial ZEGALOGUE (dasiglucagon) <small>Step Edit</small>	GVOKE (glucagon)	Minimum Age Limit • 2 years – Gvoke • 4 years – Baqsimi • 6 years – Zegalogue

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			<p>Quantity Limit</p> <ul style="list-style-type: none"> • 2 packs/31 days – Baqsimi • 2 syringes/31 days – Gvoke, Zegalogue • 2 kits/31 days – Glucagon <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 different preferred glucagon in the past 30 days <p>Baqsimi</p> <ul style="list-style-type: none"> • Have tried 1 different preferred glucagon in the past 365 days OR • 1 claim with Baqsimi in the past 365 days <p>Gvoke</p> <ul style="list-style-type: none"> • 1 claim with Baqsimi in the past 30 days <p>Zegalogue</p> <ul style="list-style-type: none"> • Have tried 1 different preferred glucagon in the past 365 days OR • 1 claim with Zegalogue in the past 30 days
HYPOGLYCEMICS, BIGUANIDES <small>SmartPA</small>			
	metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet)	<ul style="list-style-type: none"> • Clinical review required for addition of a fourth concurrent oral agent in a different drug class

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		metformin 24HR (generic Glumetza) RIOMET SOLUTION* (metformin)	<ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Riomet Solution</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, DPP4s and COMBINATON <small>SmartPA</small>			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSEN (alogliptin/pioglitazone)	<ul style="list-style-type: none"> Clinical review required with concomitant use of GLP-1 product in the past 30 days OR Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Kombiglyze XR and Onglyza</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS <small>SmartPA</small>			
	BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON (exenatide) BYDUREON BCISE (exenatide) OZEMPIC (semaglutide) RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)	<ul style="list-style-type: none"> Clinical review required with concomitant use of DPP-4 product in the past 30 days OR Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Symlin is excluded from all criteria</p>
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <small>SmartPA</small>			
	HUMULIN N, R, 70/30 VIAL ^{OTC} (insulin) HUMULIN R U500 VIAL (insulin) insulin aspart insulin aspart flexpen insulin aspart mix insulin aspart mix flexpen Insulin lispro insulin lispro kwikpen LANTUS SOLOSTAR & VIAL (insulin glargine)	AFREZZA (insulin) ADMELOG (insulin lispro) APIDRA (insulin glulisine) APIDRA SOLOSTAR (insulin glulisine) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG JR (insulin lispro) HUMALOG KWIKPEN U100 (insulin lispro) HUMALOG KWIKPEN U200 (insulin lispro)	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of Diabetes Mellitus AND Have tried 1 preferred product in the past 6 months OR

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	LEVEMIR FLEXPEN & VIAL (insulin detemir)	HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMALOG VIAL (insulin lispro) HUMULIN N, 70/30 KWIKPEN (insulin) ^{OTC} HUMULIN R U500 KWIKPEN* LYUMJEV KWIKPEN (insulin lispro) LYUMJEV VIAL (insulin lispro) NOVOLIN N, R, 70/30 FLEXPEN (insulin) ^{OTC} NOVOLIN N, R, 70/30 VIAL (insulin) ^{OTC} NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine) SEMGLEE (insulin glargine) TRESIBA (insulin degludec) TOUJEO (insulin glargine) TOUJEO MAX (insulin glargine)	<ul style="list-style-type: none"> 1 claim with the requested agent in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES SmartPA			
	nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	<ul style="list-style-type: none"> Clinical review required with addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days

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			<ul style="list-style-type: none"> 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS <small>SmartPA</small>			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		
	FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin)	STEGLATRO (ertugliflozin)	<ul style="list-style-type: none"> Clinical review required with addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		
	INVOKAMET (canagliflozin/metformin) SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin) XIGDUO XR (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			

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THIAZOLIDINEDIONES			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	<ul style="list-style-type: none">• Clinical review required for addition of a fourth concurrent oral agent in a different drug class<ul style="list-style-type: none">○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
TZD COMBINATIONS			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		All Agents <ul style="list-style-type: none">• Documented diagnosis Idiopathic Pulmonary Fibrosis Esbriet & OFEV <ul style="list-style-type: none">• No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus)	Minimum Age Limit <ul style="list-style-type: none">• 13 years - Rapamune

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<p>CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid mycophenolate mofetil NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)</p>	<p>HECORIA (tacrolimus) MYFORTIC (mycophenolic acid) PROGRAF (tacrolimus)</p>	<ul style="list-style-type: none"> • 18 years - Zortress <p>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</p> <ul style="list-style-type: none"> • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis <p>Azasan</p> <ul style="list-style-type: none"> • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis <p>Gengraf, Neoral, Sandimmune</p> <ul style="list-style-type: none"> • Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State accepted diagnosis OR • Clinical review required for a diagnosis of Kimura's disease or multifocal motor neuropathy <p>Myfortic</p> <ul style="list-style-type: none"> • Documented diagnosis of kidney transplant or psoriasis <p>Rapamune</p> <ul style="list-style-type: none"> • Documented diagnosis of kidney transplant <p>Zortress</p> <ul style="list-style-type: none"> • Documented diagnosis of kidney transplant or liver transplant
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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2021

Version 2021.1b

Updated: 10-04-2021

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IMMUNE GLOBULINS

CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA XEMBIFY	ASCENIV BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN
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IMMUNOLOGIC THERAPIES FOR ASTHMA

FASENRA PEN AUTOINJECTOR (benralizumab)
NUCALA AUTOINJECTOR (mepolizumab)
NUCALA SYRINGE (mepolizumab)

DUPIXENT (dupilumab)*
XOLAIR SYRINGE (omalizumab)

Minimum Age Limit

- **6 years** – Nucala autoinjector, Nucala syringe
- **12 years** – Fasenra pen

Fasenra pen, Nucala autoinjector, Nucala syringe

- Documented diagnosis of severe persistent asthma **AND**
- 90 days therapy with an ICS/LABA combination product in the past 120 days **OR**
- 90 days therapy with both an ICS and a LABA or a leukotriene modifier in the past 120 days **AND**
- 2 claims for at least 3 days each with an oral corticosteroid in the past 365 days **AND**

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			<ul style="list-style-type: none"> 1 claim with an ICS/LABA combination product in the past 30 days OR 1 claim with both an ICS and a LABA or a leukotriene modifier in the past 30 days AND No concurrent therapy with a different asthma immunologic therapy <p>Dupixent – MANUAL PA</p>
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHIISTAMINES		
	azelastine	ASTEPRO (azelastine) olopatadine PATANASE (olopatadine)	
	ANTIHIISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)	
	CORTICOSTEROIDS SmartPA		
	fluticasone ^{Rx Only}	BECONASE AQ (beclomethasone) budesonide flunisolide	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis for allergic rhinitis AND

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		mometasone NASONEX (mometasone) OMNARIS (ciclesonide) QNASL (beclomethasone) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)	<ul style="list-style-type: none"> Have tried 1 different preferred agent in the past 6 months
IRON CHELATING AGENTS			
	deferasirox all strengths (all labelers except those listed as non-preferred) FERRIPROX (deferiprone)	deferasirox (labeler 00093, 16714, 45963, 62332) EXJADE (deferasirox) JADENU (deferasirox) JADENU SPRINKLES (deferasirox)	Jadenu – MANUAL PA
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS <small>SmartPA</small>			
IRRITABLE BOWEL SYNDROME CONSTIPATION			
	AMITIZA (lubiprostone) LINZESS 145mcg, 290mcg (linaclotide) MOVANTI (naloxegol)	LINZESS 72mcg (linaclotide) lubiprostone MOTEGRITY (prucalopride) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod)	<p>Minimum Age Limit All Subclasses</p> <ul style="list-style-type: none"> 18 years – except Bentyl, Gattex, Levsin <p>Gender Limit</p> <ul style="list-style-type: none"> Female – Amitiza 8mcg <p><u>Chronic Idiopathic Constipation (CIC)</u></p> <p>AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE</p> <p>All CIC Agents</p>

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		<ul style="list-style-type: none"> • Documented diagnosis of CIC in the past year AND • No history of GI or bowel obstruction <p>Non-Preferred CIC Agents</p> <ul style="list-style-type: none"> • Above CIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested agent in the past 105 days <p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE</p> <p>All IBS-C Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of IBS-C in the past year AND • No history of GI or bowel obstruction <p>Non-Preferred IBS-C Agents</p> <ul style="list-style-type: none"> • Above IBS-C criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested agent in the past 105 days <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p>
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			<p>All OIC Agents</p> <ul style="list-style-type: none"> Documented diagnosis of OIC in the past year AND 1 claim for an opioid in the past 30 days AND No history of GI or bowel obstruction AND Documented diagnosis of chronic pain in the past year <p>Non- Preferred OIC Agents</p> <ul style="list-style-type: none"> Above OIC criteria AND 30 days of therapy with 2 preferred agents in the past 6 months OR 1 claim with the requested agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none"> Above OIC criteria AND Documented diagnosis of active cancer in the past year AND Documented diagnosis of palliative care in the past 6 months
	IRRITABLE BOWEL SYNDROME DIARRHEA		
	dicyclomine hyoscyamine	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron) VIBERZI (eluxadoline)*	<p>Viberzi</p> <ul style="list-style-type: none"> Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year AND 30 days of therapy with 2 preferred agents in the past 6 months OR

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			<ul style="list-style-type: none"> 1 claim with the requested agent in the past 105 days <p>Lotronex</p> <ul style="list-style-type: none"> 1 claim for the requested agent in the past 105 days OR MANUAL PA - All new patients require manual review. <p>Xifaxan - (see Antibiotics, GI)</p>
SHORT BOWEL SYNDROME AND SELECTED GI AGENTS			
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)	<p>Carcinoid Syndrome Agent XERMELO</p> <ul style="list-style-type: none"> Documented diagnosis of carcinoid syndrome in the past year AND 1 claim for a somatostatin analog in the past 30 days <p>HIV/AIDS Non-infectious Diarrhea FULYZAQ, MYTESI</p> <ul style="list-style-type: none"> Documented diagnosis of HIV/AIDS in the past year AND Documented diagnosis of non-infectious diarrhea in the past year AND 1 claim for an antiretroviral in the past 30 days <p>Short Bowel Syndrome (SBS)</p>

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			GATTEX, NUTRESTORE, ZORBTIVE Gattex or Zorbtive <ul style="list-style-type: none"> 1 claim for the requested agent in the past 105 days OR All new patients require clinical review Nutrestore <ul style="list-style-type: none"> Requires clinical review
LEUKOTRIENE MODIFIERS SmartPA			
	montelukast granules montelukast tablets zafirlukast	ACCOLATE (zafirlukast) SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton)	Minimum Age Limit <ul style="list-style-type: none"> 12 years – Zylfo & Zylfo CR Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (NON-STATINS) SmartPA			
ACL INHIBITORS AND COMBINATIONS			
		NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe)	Nexletol and Nexlizet <ul style="list-style-type: none"> Requires clinical review
ANGIOPOIETIN LIKE 3 INHIBITORS			
		EVKEEZA (evinacumab-dgnb)	
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine)	All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred

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		WELCHOL (colesevelam)	<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 statin or statin combination agent in the past year OR • One of the following exceptions <ul style="list-style-type: none"> ◦ Welchol AND Type 2 diabetes AND 1 preferred oral antidiabetic agent in the past 180 days OR ◦ Pregnant female OR ◦ Documented diagnosis of liver disease OR ◦ Documented diagnosis for hypertriglyceridemia OR ◦ Clinical justification a statin or statin combination product cannot be used <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	omega 3 acid ethyl esters	LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
	ezetimibe	ZETIA (ezetimibe)	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year

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FIBRIC ACID DERIVATIVES			
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	Fibric Acid Derivative Non-Preferred Criteria • Have tried 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	Juxtapid – MANUAL PA
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	Kynamro – MANUAL PA
NIACIN			
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
PCSK-9 INHIBITOR			
		PRALUENT (alirocumab) REPATHA (evolocumab)	Praluent - MANUAL PA Repatha - MANUAL PA

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LIPOTROPICS, STATINS <small>SmartPA</small>			
		STATINS	
	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	Simvastatin 80mg <ul style="list-style-type: none"> 12 months of therapy with simvastatin 80mg AND NO myopathy contraindication Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
		STATIN COMBINATIONS	
	ezetimibe/simvastatin SIMCOR (simvastatin/niacin)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe) VYTORIN (simvastatin/ezetimibe)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
		CLONIDINE	
	clonidine patches clonidine tablets	CATAPRES (clonidine) CATAPRES-TTS (clonidine)	

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EPINEPHRINE		
	epinephrine autoinject pens (labeler 49502) SYMJEPI (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)
MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER EVRYSDI (risdiplam) hydroxyprogesterone caproate hydroxyzine hcl tablets <small>Smart PA</small> KORLYM (mifepristone) MEGACE ES (megestrol) VERQUVO (vericiguat) VISTARIL (hydroxyzine pamoate)
ALLERGEN EXTRACT IMMUNOTHERAPY		
		GRASTEK ORALAIR PALFORZIA RAGWITEK
SUBLINGUAL NITROGLYCERIN		
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)
MOVEMENT DISORDER AGENTS <small>SmartPA</small>		

Quantity Limit
• 2 kits/31 days

Alprazolam ER CUMULATIVE quantity limit
• 31 tablets/31 days

Hydroxyzine HCl 10mg tablets
• 6-12 years - *Smart PA will automatically be issued for this age range*

EvrysdI- [MANUAL PA](#)

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	AUSTEDO (deutetrabenazine) INGREZZA (valbenazine) tetrabenazine (all labelers except those listed as non-preferred)	tetrabenazine (labeler 47335, 51224, 60505, 68180, 686820) XENAZINE (tetrabenazine)	<p>Austedo</p> <ul style="list-style-type: none"> Documented diagnosis of Huntington's chorea OR Documented diagnosis of tardive dyskinesia AND 90 days therapy with Austedo in the past 105 days OR MANUAL PA <p>Ingrezza</p> <ul style="list-style-type: none"> Documented diagnosis of tardive dyskinesia AND 90 days therapy with Ingrezza in the past 105 days OR MANUAL PA
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) dalfampridine GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)	AMPYRA (dalfampridine) BAFIERTAM (monomethyl fumarate) COPAXONE 40mg (glatiramer) dimethyl fumarate EXTAVIA (interferon beta-1b) glatiramer GLATOPIA (glatiramer) KESIMPTA (ofatumumab) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a)	<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis of multiple sclerosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 3 claims with the requested agent in the last 105 days <p>Kesimpta, Ponvory and Zeposia</p> <ul style="list-style-type: none"> Requires clinical review

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		PONVORY (ponesimod) TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod)	Mavenclad – MANUAL PA Mayzent – MANUAL PA Ocrevus – MANUAL PA
MUSCULAR DYSTROPHY AGENTS			
		AMONDYS 45 (casimersen) EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VILTEPSO (viltolarsen) VYONDYS 53 (golodirsen)	Emflaza – MANUAL PA Exondys – MANUAL PA Viltepso – MANUAL PA Vyondys – MANUAL PA
NSAIDS <small>SmartPA</small>			
	NON-SELECTIVE		
diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen ibuprofen suspension ^{OTC} indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg naproxen suspension piroxicam sulindac		ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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		NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) RELAFEN DS (nabumetone) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
	COX II SELECTIVE		
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)	Non-Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND 90 consecutive days on the requested agent in the past 105 days OR

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- Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent **OR**
- Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder

OPHTHALMIC ANTIBIOTICS

bacitracin/neomycin/gramicidin
bacitracin/polymyxin
ciprofloxacin
erythromycin
GENTAK Ointment (gentamicin)
gentamicin
ILOTYCIN (erythromycin)
moxifloxacin
ofloxacin
polymyxin/trimethoprim
tobramycin

AZASITE (azithromycin)
bacitracin
BESIVANCE (besifloxacin)
BLEPH-10 (sulfacetamide)
CILOXAN Ointment (ciprofloxacin)
CILOXAN Solution (ciprofloxacin)
GARAMYCIN (gentamicin)
gatifloxacin
levofloxacin
MOXEZA (moxifloxacin)
NATACYN (natamycin)
neomycin/bacitracin/polymyxin b
NEO-POLYCIN (neomy/baci/polymyxin b)
NEOSPORIN (bacitracin/neomycin/gramicidin)
(oxy-tcn/polymyx sul)
OCUFLOX (ofloxacin)
POLYTRIM (polymyxin/trimethoprim)
sulfacetamide
TOBREX drops (tobramycin)
TOBREX ointment (tobramycin)
VIGAMOX (moxifloxacin)

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		ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	BLEPHAMIDE (sulfacetamide/prednisolone) drops, oint neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) drops, oint sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	gatifloxacin/prednisolone MAXITROL (neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone	
OPHTHALMIC ANTI-INFLAMMATORIES SmartPA			
	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac loteprednol etabonate MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)	ACULAR (ketorolac) ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) FML (fluorometholone) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) OCUFEN (flurbiprofen) OMNIPRED (prednisolone) NEVANAC (nepafenac) PRED FORTE (prednisolone)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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		PROLENSA (bromfenac) VOLTAREN (diclofenac)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	ALREX (loteprednol) azelastine cromolyn olopatadine 0.1% olopatadine 0.2%	ALOCRIL (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) epinastine LASTACRAFT (alcaftadine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) ZERVIAE (cetirizine)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
OPHTHALMIC, DRY EYE AGENTS			
	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) EYSUVIS (loteprednol etabonate) RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) ^{Smart PA}	Minimum Age Limit • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa Quantity Limit • 5.5 mL/31 days – Restasis Multidose • 60 units/31 days – Cequa, Restasis droperette, Xiidra Non-Preferred Criteria • History of 4 claims for Restasis in the past 6 months

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OPHTHALMIC, GLAUCOMA AGENTS SmartPA

BETA BLOCKERS

BETIMOL (timolol)
carteolol
ISTALOL (timolol)
levobunolol
metipranolol
timolol drops 0.25%, 0.5%

BETAGAN (levobunolol)
betaxolol
BETOPTIC S (betaxolol)
OPTIPRANOLOL (metipranolol)
timolol gel
timolol daily drop 0.5% (generic Istalol)
TIMOPTIC (timolol)
TIMOPTIC XE (timolol)

Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

CARBONIC ANHYDRASE INHIBITORS

dorzolamide

AZOPT (brinzolamide)
TRUSOPT (dorzolamide)

COMBINATION AGENTS

COMBIGAN (brimonidine/timolol)
dorzolamide/timolol

COSOPT (dorzolamide/timolol)
COSOPT PF (dorzolamide/timolol)
SIMBRINZA (brinzolamide/brimonidine)

PARASYMPATHOMIMETICS

pilocarpine

CARBOPTIC (carbachol)
ISOPTO CARBACHOL (carbachol)
ISOPTO CARPINE (pilocarpine)
PHOSPHOLINE IODIDE (echothiophate iodide)
PILOPINE HS (pilocarpine)

PROSTAGLANDIN ANALOGS

latanoprost

bimatoprost
LUMIGAN (bimatoprost)
TRAVATAN Z (travoprost)
travoprost

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		XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
	RHO KINASE INHIBITORS/COMBINATIONS		
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
	SYMPATHOMIMETICS		
	brimonidine 0.2%	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
	DEPENDENCE		
	buprenorphine/naloxone film labeler 52427 buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) <small>SmartPA</small>	buprenorphine tablets BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone films all other labelers LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<u>Buprenorphine/Naloxone and buprenorphine</u> Non-Preferred Criteria • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i> • History of Suboxone therapy within the past 6 months OR • History of Bunavail therapy within the past 3 months AND

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			<ul style="list-style-type: none"> All other buprenorphine/naloxone provider summary found here <p>Probuphine – MANUAL PA Sublocade – MANUAL PA Vivitrol - MANUAL PA</p>
	TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone) KLOXXADO (naloxone) ^{NR}	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <small>Age Edit</small> ofloxacin	ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) FLAC OIL DROP (fluocinolone oil) hydrocortisone/acetic acid drop fluocinolone oil neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	<p>Maximum Age Limit</p> <ul style="list-style-type: none"> 9 years - Cipro HC
PANCREATIC ENZYMES <small>SmartPA</small>			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) VIOKACE (pancrelipase)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			

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	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide)	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin pentoxifylline prasugrel	DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/aspirin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar)	Zontivity – <u>MANUAL PA</u> Non-Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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PLATELET STIMULATING AGENTS

	PROMACTA (eltrombopag olamine)	DOPTELET (avatrombopag maleate) MULPLETA (lusutrombopag) NPLATE (romiplostim) TAVALISSE (fostamatinib disodium)	
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PRENATAL VITAMINS

	COMPLETE NATAL DHA CONCEPT DHA Capsule M-NATAL PLUS Tablet PRENATAL VITAMIN PLUS LOW IRON Tablet PREPLUS Ca/Fe27/FA 1 Tablet PRETAB Tablet TRINATAL Rx 1 Tablet TRIVEEN-DUO DHA COMBO PACK WESTTAB	Products not listed here are assumed to be Non-Preferred.	
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PSEUDOBULBAR AFFECT AGENTS

		NUEDEXTA (dextromethorphan/quinidine)	Non-Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Documented diagnosis of Pseudobulbar Affect
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PULMONARY ANTIHYPERTENSIVES^{SmartPA}

ENDOTHELIN RECEPTOR ANTAGONIST			
	ambrisentan (all labelers except those listed as nonpreferred) bosentan tablets	ambrisentan (labeler 42794, 47335, 498840) LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan)	All PAH Agents <ul style="list-style-type: none"> Documented diagnosis of pulmonary hypertension Non-Preferred Criteria

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			<ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	PDE5's		
	sildenafil (generic Revatio) tablet tadalafil	ADCIRCA (tadalafil) REVATIO (sildenafil) tablet REVATIO (sildenafil) suspension sildenafil (generic Revatio) suspension	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days Revatio suspension <ul style="list-style-type: none"> • < 12 years of age AND • Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation or history of heart transplant OR • 90 consecutive days on the requested agent in the past 105 days Revatio tablets <ul style="list-style-type: none"> • < 1 year of age AND • Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR

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			<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • > 1 years of age AND • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	PROSTACYCLINS		
		ORENITRAM ER (treprostinil) TYVASO (treprostinil) VENTAVIS (iloprost)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS		
		UPTRAVI (selexipag)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	SOLUABLE GUANYLATE CYCLASE STIMULATORS		
		ADEMPAS (riociguat)	Adempas <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR

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			<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Clinical review required for PAH WHO Group 4
ROSACEA TREATMENTS			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFAD (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN (sodium sulfacetamide/sulfur wash) SUMAXIN (sodium sulfacetamide/sulfur pads) SUMAXIN TS (sodium sulfacetamide/sulfur suspension) ZILXI AEROSOL (minocycline)	Topical Sulfonamides used for Rosacea will require a manual PA for ≥21 years. Other labeled indications are limited to <21 years.
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES SmartPA		
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DAYVIGO (lemborexant) DORAL (quazepam)	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs.

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		HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	MS DOM Opioid Initiative • Concomitant use of Opioids and Benzodiazepines Criteria details found here Quantity Limit – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days - all strengths Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days
	OTHERS SmartPA		
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) doxepin EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER	Quantity Limit – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female • 1bottle/31 days (48 ml or 158 ml) – Hetlio liquid

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		zolpidem SL ZOLPIMIST (zolpidem)	Gender and Dose Limit for zolpidem <ul style="list-style-type: none"> • Female – Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months Hetlioz capsules <ul style="list-style-type: none"> • Documented diagnosis of circadian rhythm sleep disorder AND • Documented diagnosis indicating total blindness of the patient OR • Documented diagnosis of Magenis-Smith syndrome Hetlioz liquid <ul style="list-style-type: none"> • Documented diagnosis of Smith-Magenis syndrome AND • 3 - 15 years of age
SELECT CONTRACEPTIVE PRODUCTS			
	INJECTABLE CONTRACEPTIVES		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	Non-Preferred Criteria <ul style="list-style-type: none"> • 1 claim with the requested agent in the past 105 days
	INTRAVAGINAL CONTRACEPTIVES		

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	ANNOVERA (segesterone/ethinyl estradiol) etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol)	PHEXXI (lactic acid, citric acid, potassium bitartrate)
	ORAL CONTRACEPTIVES SmartPA	
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) AUROVELA 24FE (norethindrone/ethinyl estradiol/iron) BEYAZ (ethinyl estradiol / drospirenone/levomefolate) BLISOVI 24FE (norethindrone/ethinyl estradiol/iron) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) GIANVI (ethinyl estradiol/drospirenone) HAILEY 24 FE (norethindrone/ethinylestradiol/iron) JOLESSA (levonorgestrel/ethinyl estradiol) JUNEL 24 FE (norethindrone/ethinylestradiol/iron) LARIN 24 FE (norethindrone/ethinylestradiol/iron) LAYOLIS FE (norethindrone/ethinylestradiol/iron) levonorgestrel/ethinyl estradiol LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) LO-ZUMANDIMINE (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) NEXTSTELLIS (drospirenone/estetrol)

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		norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) PHILITH (norethindrone/ethinyl estradiol) SAFYRAL (ethinyl estradiol/ drospirenone/levomefolate) SIMPESS (levonorgestrel/ethinyl estradiol) SYEDA (ethinyl estradiol/drospirenone) TARINA 24FE (norethindrone/ethinyl estradiol/iron) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZUMANDIMINE (ethinyl estradiol/drospirenone)	
TRANSDERMAL CONTRACEPTIVES			
	XULANE (norelgestromin and ethinyl estradiol)	ZAFEMY (norelgestromin and ethinyl estradiol) TWIRLA (levonorgestrel and ethinyl estradiol)	
SICKLE CELL AGENTS			
	DROXIA (hydroxyurea) hydroxyurea	ADAKVEO (crizanlizumab) ENDARI (glutamine) HYDREA (hydroxyurea) OXBRYTA (voxelotor) SIKLOS (hydroxyurea)	Endari – MANUAL PA Oxbryta – MANUAL PA
SKELETAL MUSCLE RELAXANTS SmartPA			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene)	Non-Preferred Agents <ul style="list-style-type: none"> Documented diagnosis for an approvable indication AND Have tried 2 different preferred agents in the past 6 months Carisoprodol

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		dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER OZOBAX (baclofen) ^{NR} PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> Documented diagnosis of acute musculoskeletal condition AND NO history with meprobamate in the past 90 days AND 1 claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND Quantity Limit <ul style="list-style-type: none"> 18 tablets - to allow tapering off 84 tablets/6 months <p>Carisoprodol with codeine</p> <ul style="list-style-type: none"> Requires clinical review
SMOKING DETERRENT			
	NICOTINE TYPE		
	nicotine gum ^{OTC} nicotine lozenge ^{OTC} nicotine mini lozenge ^{OTC} nicotine patch ^{OTC}	NICODERM CQ PATCH ^{OTC} NICORETTE GUM ^{OTC} NICORETTE LOZENGE ^{OTC} NICORETTE MINI LOZENGE ^{OTC} NICOTROL INHALER CARTRIDGE NICOTROL NASAL SPRAY	
	NON-NICOTINE TYPE		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	<p>Minimum Age Limit - Chantix</p> <ul style="list-style-type: none"> 18 years <p>Quantity Limit</p>

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			<ul style="list-style-type: none"> • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year
STERIODS (Topical) SmartPA			
LOW POTENCY			
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred low potency agents in the past 6 months
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred medium potency agents in the past 6 months
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion	amcinonide oint betameth diprop/prop gly cr, lot, oint	Non-Preferred Criteria

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	betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	<ul style="list-style-type: none"> Have tried 2 different preferred high potency agents in the past 6 months
VERY HIGH POTENCY			
	clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, ge CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam IMPEKLO (clobetasol) LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ULTRAVATE Lotion (halobetasol)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months

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STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) Amphetamine sulfate (generic EVEKO) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate) methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable RITALIN (methylphenidate) ZENZEDI (dextroamphetamine)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 3 years - Adderall, Evekeo, Procentra, Zenzedi • 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Evekeo ODT <p>Quantity Limit</p> <p>Applicable quantity limit per rolling days</p> <ul style="list-style-type: none"> • 62 tablets/31 days – Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi • 310 mL/31 days – Methylin solution, Procentra <p><u>Documented diagnosis of ADHD – ALL Short Acting AGENTS</u></p> <p>Non-Preferred Criteria ADD/ADHD</p> <ul style="list-style-type: none"> • Documented diagnosis of ADD/ADHD AND • Have tried 2 different preferred Short Acting agents in the past 6 months OR • 1 claim for a 30-day supply with the requested agent in the past 105 days

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			Documented diagnosis of narcolepsy – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI
	LONG-ACTING		
	amphetamine salt combination ER dexamethylphenidate ER DYNAVEL XR (amphetamine) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) methylphenidate ER/LA Caps (generic Ritalin LA) QUILLICHEW (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) amphetamine susp 24 hr (generic ADZENYS ER) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER FOCALIN XR (dexamethylphenidate) JORNAY PM (methylphenidate) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) QUILLIVANT XR (methylphenidate) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	Minimum Age Limit <ul style="list-style-type: none"> • 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Azstarys, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dynavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 13 years – Mydayis • 16 years – Provigil • 18 years – Nuvigil, Sunosi Maximum Age Limit <ul style="list-style-type: none"> • 18 years – Cotempla XR ODT, Daytrana Quantity Limit Applicable quantity limit per rolling days <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54

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		mg, Cotelpla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi
		• 46.5 tablets/31 days – Provigil 100 mg
		• 62 tablets/31 days – Concerta 36mg, Cotelpla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg
		• 248 mL/31 days – Dynavel XR
		• 372 mL/31 days – Quillivant XR
		<u>Documented diagnosis of ADHD</u> – ALL Long-Acting AGENTS
		<u>Documented diagnosis of binge eating disorder</u> – VYVANSE
		Non-Preferred Criteria ADD/ADHD
		• Documented diagnosis of ADD/ADHD AND
		• Have tried 2 different preferred Long-Acting agents in the past 6 months OR
		• 1 claim for a 30-day supply with the requested agent in the past 105 days
		<u>Documented diagnosis of narcolepsy</u> – ADDERALL XR,
NARCOLEPSY		
	armodafinil modafinil	NUVIGIL (armodafinil) PROVIGIL (modafinil)

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To search the PDL, press CTRL + F

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2021

Version 2021.1b

Updated: 10-04-2021

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SUNOSI (solriamfetol)

WAKIX (pitolisant)

XYREM (sodium oxybate)

XYWAV (calcium, magnesium, potassium and sodium oxybates)

APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI

Non-Preferred Criteria narcolepsy

- Documented diagnosis of narcolepsy **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **AND**
- 1 different preferred Long-Acting agent indicated for narcolepsy in the past 6 months **OR**
- 1 claim for a 30-day supply with the requested agent in the past 105 days

Nuvigil

- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or bipolar depression

Provigil

- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome

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				<p>Sunosi</p> <ul style="list-style-type: none"> Documented diagnosis of narcolepsy or obstructive sleep apnea AND 30 days of therapy with preferred modafinil or armodafinil in the past 6 months <p>Wakix</p> <ul style="list-style-type: none"> Documented diagnosis of narcolepsy with or without cataplexy AND 30 days of therapy with preferred modafinil or armodafinil in the past 6 months OR Documented diagnosis of narcolepsy without cataplexy or substance abuse disorder <p>Xyrem and Xywav</p> <ul style="list-style-type: none"> Requires clinical review
		NON-STIMULANTS		
	atomoxetine guanfacine ER <small>Step Edit</small>		clonidine ER INTUNIV (guanfacine ER) QELBREE (viloxazine) STRATTERA (atomoxetine)	<p>Minimum Age Limit 6 years – Intuniv, Kapvay, Qelbree, Strattera 18 years – Wakix Maximum Age Limit 18 years – Intuniv, Kapvay, Qelbree 21 years – diagnosis of ADD/ADHD is required for Strattera</p>

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<p>Quantity Limit Applicable quantity limit per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Intuniv, Qelbree 100 mg, Strattera • 62 tablets/31 days – Qelbree 150 mg and 200 mg, Wakix • 124 tablets/31 days – Kapvay <p>Intuniv</p> <ul style="list-style-type: none"> • Have tried the short acting guanfacine in the past 6 months OR • 1 claim for a 30-day supply with guanfacine ER in the past 105 days <p>Kapvay</p> <ul style="list-style-type: none"> • Documented diagnosis of ADD or ADHD AND • Have tried 1 Short or Long-Acting stimulant in the past 6 months OR • Have tried 1 preferred Non-Stimulant in the past 6 months OR • Have tried the short acting product in the past 6 months <p>Qelbree</p> <ul style="list-style-type: none"> • Documented diagnosis of ADD or ADHD AND • 1 claim for a 30-day supply with atomoxetine in the past 105 days

TETRACYCLINES SmartPA

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	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline hyclate (generic Doryx) doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DORYX (doxycycline hyclate) DYNACIN (minocycline) MINOCIN (minocycline) MINOLIRA (minocycline) minocycline ER minocycline tabs MONODOX (doxycycline monohydrate) NUZYRA (omadacycline tosylate) OKEBO (doxycycline) ORACEA (doxycycline) SEYSARA (sarecycline) SOLODYN (minocycline) TARGADOX (doxycycline) VIBRAMYCIN cap/susp/syrup XIMINO (minocycline)	Non-Preferred Agents <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months Demeclocycline <ul style="list-style-type: none"> Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS <small>SmartPA</small> *See Cytokine & CAM Antagonists Class for additional agents			
	balsalazide budesonide EC mesalamine tablet (generic Apriso) sulfasalazine	APRISO (mesalamine) ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide)	Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis for Ulcerative Colitis AND Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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		GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet (generic Asacol HD) mesalamine tablet (generic Delzicol) ORTIKOS (budesonide) PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	Ortikos ER • Requires clinical review
		RECTAL	
	mesalamine suppository	CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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